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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
10/602 207	06/24/2002	Vont II. a antonio	20519/44 O.C. 1111 CID)

10/602,897

Tycon Healthcare Group LP 15 Hempshire Street

Mansfield, MA 02048

06/24/2003

Kurt Haggstrom

20518/44 (M-1111-CIP)

CONFIRMATION NO. 2190

OC00000017353517

Date Mailed: 10/28/2005

NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 10/25/2005.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

RIZAHAMOHAMED PTOSS (703) 305-3235

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10/602,897	06/24/2003	Kurt Haggstrom	20518/44

CONFIRMATION NO. 2190

OC00000017353502

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Date Mailed: 10/28/2005

NOTICE REGARDING CHANGE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 10/25/2005.

• The Power of Attorney to you in this application has been revoked by the assignee who has intervened as provided by 37 CFR 3.71. Future correspondence will be mailed to the new address of record(37 CFR 1.33).

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